

Michigan Developmental Disabilities Institute, Wayne State University
Michigan Home and Community Based Service Transition Project

B Participant Survey FY 2017

What is your Waiver Supports Application (WSA) Identification Number identified in the cover email? Note: If you do not know this number, contact your Pre-Paid Inpatient Health Plan (PIHP) Home and Community Based Service Lead Coordinator (HCBS). Click on this link for a listing of the Coordinators: http://www.michigan.gov/mdhhs/0,5885,7-339-71547_2943-334724--,00.html.

Did you complete this survey by yourself?

- Yes
- No

If you did not complete this survey, what is the name and contact information of the person who is completing this survey: Note: The only service provider who should assist you in completing this survey is your supports coordinator or case manager. Residential or Non-Residential providers should not be involved in completing the survey.

Name
Contact Phone Number
Contact Email Address

This person is (check all that apply):

- A family member
- Your guardian or legal representative
- Your Supports Coordinator or Case Manager
- Other (this cannot be a direct care worker or a person from the agency that provides your supports), please specify: _____

Did you interview the person to complete this survey?

- Yes
- No

Are services and support you receive delivered in a setting that is separate from a hospital, nursing home, intermediate care facility, or institute for mental health treatment? Definitions: Nursing home: A facility that provides residents with skilled nursing care and related services who require medical or nursing care and rehabilitation services for the rehabilitation of injured, disabled, or sick persons. Intermediate care facility: An institution for individuals with intellectual or developmental disabilities that provides diagnosis, treatment, or rehabilitation in a protected residential setting through individualized evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services. Institute for mental health treatment: A hospital, nursing facility, or other institution that provides diagnosis, treatment or care of persons with mental diseases, including medical or nursing care and related services.

- Yes
- No

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Are the services and support you receive delivered in a setting that is separate from a residential school or child caring institution? Definitions: Residential School: The setting has both educational and residential programs in the same building or in buildings close to each other. So individuals do not travel into the community to live or to attend school. Child-Care Institution: A non-profit or private child-care residential setting, or a public child-care residential setting for children that is licensed by the State.

- Yes
- No

Do you receive Skill Building training and/or services? Definition: Skill Building: This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. The goals of this service are outlined in the individual's person-centered plan. This service can include transportation support to/from the individual's home to the site for skill building services.

- Yes
- No

Skill Building

Skill Building Definition: This service will help an individual gain, keep, or improve skills in self-help, socializing, or everyday skills. It might include help with mobility, transferring, and personal care from a direct support staff. It can include preparing for work (paid or unpaid) to individuals who might have difficulty in the general workforce or who are unable to participate in a transitional sheltered workshop. The goals of this service are outlined in the individual's person-centered plan. This service can include transportation support to/from the individual's home to the site for skill building services.

Did you pick the agency who provides you with skill building services and support?

- Yes
- No

Did you pick the direct support workers who provide you with skill building services and support?

- Yes
- No

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Do you receive skill building services and support where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

- Yes
- No

Do you receive all or most of your services and supports at your home?

- Yes
- No

Is accessible transportation available for you to make trips within your larger community? Note: Accessible transportation means that you have transportation services to go where and when you want to travel.

- Yes
- No

Can you (with or without supports) control your personal schedule of daily appointments and activities?

- Yes
- No

If you are receiving training in personal care, do you receive the training in private?

- Yes
- No
- I do not receive training in personal care

Do you know who to call to file an anonymous complaint related to your skill building services?

- Yes
- No

Can you choose a different skill building service or support if you are not happy with the current one that you receive or if you want to learn a new skill?

- Yes
- No

Do you receive Supported Employment training and/or services? Definition: Supported Employment: This service is both ongoing support services and paid employment that enables the individual to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.

- Yes
- No

Supported Employment

Where is this service provided? Note: If any of the service is delivered at a place or site for people with disabilities then mark this response.

- In the community at a local business, restaurant, or as a small business owner.
- At a place or site for people with disabilities (for example a workshop for people with disabilities, work crew of people with disabilities, or a day program for people with disabilities)

Supported Employment Definition: This service is both ongoing support services and paid employment that enables the individual to work in the community. It is community-based, taking place in integrated work settings where workers with disabilities work alongside people who do not have disabilities. This service can include supervision and training, a job coach, an employment specialist, a personal assistance, or support for a consumer-run businesses.

Do you receive payment for your work?

- Yes
- No

Did you pick the direct support workers who provide you with employment services and support?

- Yes
- No

Do you receive employment support and services where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

- Yes
- No

Can you choose your employment-related service provider?

- Yes
- No

Can you manage your work earnings?

- Yes
- No

Can you arrange your work schedule (hours/days worked) like your co-workers who do not receive Medicaid funded Home and Community Based Services?

- Yes
- No
- Does not apply, I am self-employed or a small business owner

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Can you negotiate or arrange your breaks similar to your co-workers who do not receive Home and Community Based Services?

- Yes
- No
- Does not apply, I am self-employed or a small business owner

Do you have employee benefits (paid time off, medical benefits) similar to your co-workers who do not receive Home and Community Based Services?

- Yes
- No
- Does not apply, I am self-employed or a small business owner

Do you perform tasks similar to your co-workers who do not receive Home and Community Based Services?

- Yes
- No
- Does not apply, I am self-employed or a small business owner

If you need personal assistance at work, do you receive it in private?

- Yes
- No
- I don't need personal assistance at work.

Do you have access to transportation to get to work?

- Yes
- No

If public transit is limited or unavailable, do you have another way to get to work?

- Yes
- No

Do you know who to call to file an anonymous complaint related to your work?

- Yes
- No

Can you choose a different work setting if you are not happy with the current one or if you want to learn a new skill?

- Yes
- No

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Do you receive Community Living Supports training and/or services? Definition: This service supports an individual's independence, productivity, and promotes inclusion and participation. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are: Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services. Reminding, observing, and/or monitoring of medication administration.

- Yes
- No

Community Living Supports

Community Living Supports Definition: This service supports an individual's independence, productivity, and promotes inclusion and participation. The supports can be provided in an individual's home (licensed facility, family home, own home or apartment) or in community settings. Community Living Supports are: Assisting, prompting, reminding, cueing, observing, guiding and/or training the beneficiary with meal preparation, laundry, household care and maintenance. Assisting with money management, non-medical care, socialization and relationship building, transportation from the individual's home to and from community activities including participation in regular community activities, attendance at medical appointments, and shopping for non-medical services. Reminding, observing, and/or monitoring of medication administration.

Do you receive your community living supports in any of the following settings: a specialized adult foster care home, a general adult foster care home, or a private residence that is owned by the Pre-Paid In-Patient Health Plan (PIHP), Community Mental Health or a provider?

- Yes
- No

Did you pick the agency that provides you with community living supports and services?

- Yes
- No

Did you pick the direct support workers who provide you with community living supports and services?

- Yes
- No

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Do you live and/or receive community living supports and services where there is regular (more than once per week) opportunity for contact with people not receiving services (for example, visitors who are friends, family members, others from the larger neighborhood or community)?

- Yes
- No

Do you receive all or most of the services and supports outside your home?

- Yes
- No

Where is the service provided? Note: If any of the service is delivered at a place or site for people with disabilities then mark this response.

- In the community at a local business, restaurant, or as a small business owner
- At a place or site for people with disabilities (for example a workshop for people with disabilities, work crew of people with disabilities, or a day program for people with disabilities)

Is your home the only home within your neighborhood that offers services to people with disabilities?

- Yes
- No

Do you have choice of roommates?

- Yes
- No
- I do not have roommates

Can friends and family visit you without rules on hours or times?

- Yes
- No

Do you have a place in your residence for private communication to use the telephone or internet?

- Yes
- No

Do you have a lease? Note: If you live in an adult foster care home and have a signed "summary of resident rights", you can mark "Yes" to this question.

- Yes
- No
- I live with family members or my spouse/partner

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Can you close and lock your bedroom door?

- Yes
- No

Can you close and lock your bathroom door?

- Yes
- No

Do you have access to food at any time?

- Yes
- No

Do you have full access to all public areas of the home (kitchen, dining room, bathroom, laundry area) at any time you choose?

- Yes
- No

Do you pick what you eat?

- Yes
- No

Is your home physically accessible to you?

- Yes
- No

Is your home free of gates, locked doors, or other ways to block you from entering or exiting certain areas of your home?

- Yes
- No

Can you control your personal schedule of daily appointments and activities?

- Yes
- No

If you receive support in personal care, do you receive it in private?

- Yes
- No
- I don't receive supports in personal care.

Can you move inside or outside of the setting when you want (with or without support)?

- Yes
- No

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Can you come and go as you please (with or without support)?

- Yes
- No

Is accessible transportation available for you to make trips within your larger community? Note: Accessible transportation means that you have transportation services to go where and when you want to travel.

- Yes
- No

Do you know who to call to file an anonymous complaint related to your community living supports services?

- Yes
- No

Can you choose a different community living skill if you are not happy with the current one or if you want to add a new skill?

- Yes
- No